

San Francisco VA

Clinical Geropsychology Residency*

***update to the expected training experience for 2023-2024**

The Clinical Geropsychology residency is housed within the San Francisco VA Division of Geropsychiatry and Geriatrics, Palliative and Extended Care. The Geropsychology residency is a one-year, full-time, residency track that is comprised of two core rotations and a variety of elective rotations which will provide a breadth of advanced training and supervision opportunities in the psychology of aging across multiple clinical care settings (e.g., inpatient, acute care, long-term care). The postdoctoral resident will develop expertise in assessment, intervention, consultation, and scholarship with older adults, families, and care partners. The resident will build a developmental foundation in attitudes, knowledge and skill-based competencies that is in line with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009) and the American Psychological Association's Guidelines for Psychological Practice with Older Adults (APA, 2013). Additionally, this training program is designed to be consistent with the requirements for board certification outlined by the American Board of Professional Psychology Certification in Geropsychology (ABGERO). We seek to help each resident develop their identity as a professional geropsychologist in a way that takes into consideration core geropsychology competencies, areas of growth based on prior experiences, facilitation of the resident's goals and interests, and new training opportunities. Residents are also able to receive supervision training, and will supervise the intern in the Geropsychology track and interns in other emphasis areas with Geropsychology interests throughout the year. Other opportunities may include supervised projects in research or administration.

Training Plan and Schedule

The training plan is individualized based on the trainee's goals developed with the primary supervisor. Consistent with the overall postdoctoral goals, the resident is encouraged to have a core clinical placement throughout the year but can identify additional training opportunities to address their training needs. The fellow is asked to practice self-reflection and assessment throughout the year, using the Pikes Peak Self-Assessment tool and supervision, to track their progress and help guide their training plan towards achieving their training goals.

The training program is organized, with some variations, into six-month rotations, three four-month rotations, or four three-month rotations. Typically, there is flexibility regarding how the Geropsychology Postdoctoral resident designates their time. Below are two examples of typical rotation schedules for the year:

Example Schedule #1:

First Semester	Second Semester
CLC	CLC
BEST	Palliative Care / Hospice
Functional Neurological Disorders (FND) Outpatient clinic mini rotation	Functional Neurological Disorders (FND) Outpatient clinic mini rotation

Research/Program Development	Research/Program Development
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Example Schedule #2:

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
CLC	CLC	CLC	CLC
BEST	BEST	Inpatient Palliative Care / Hospice	Inpatient Palliative Care / Hospice
Functional Neurological Disorders (FND) Outpatient clinic mini rotation	Functional Neurological Disorders (FND) Outpatient clinic mini rotation	Functional Neurological Disorders (FND) Outpatient clinic mini rotation	Functional Neurological Disorders (FND) Outpatient clinic mini rotation
Research/Program Development	Research/Program Development	Outpatient Geropsychology Psychoeducation Aging Classes	Outpatient Geropsychology Psychoeducation Aging Classes

Didactics, Seminars, and Group Supervision

Supervision: Residents receive at least two-hours per week of individual supervision, face-to-face, that is regularly scheduled for the entire training year. Residents will also participate in at least two additional hours of individual and group supervision.

Didactics and Seminars: Residents will attend the weekly SF VA Postdoctoral Residency seminar series and National VA Geropsychology Postdoctoral Seminar.

The *SFVA Postdoctoral Residency seminar* series is a live, hybrid (online and in person) seminar focused on topics of professional development, ethics/legal issues, culture/diversity, and other areas of interest that help support residents as they progress towards licensure and independent practice.

The *National VA Geropsychology Postdoctoral Seminar* is a live, online seminar will cover a variety of topics related to advanced care for older veterans and their families. Lectures are provided by expert faculty members (VA geropsychologists as well as community clinicians) and leaders in the field of geropsychology; topics include ethics, multicultural issues in aging, interprofessional collaboration, evidence-based assessment and intervention for a range of mental health and aging-related issues, supervision, and professional development (e.g., board certification).

Geropsychology postdoctoral residents will also participate in weekly *Geropsychology Group Supervision/Didactics* together with the Geropsychology staff, Geropsychology track intern and other trainees at various training levels who have demonstrated Geropsychology interests. This group supervision setting is designed to address topics such as ethics/legal standard practices, culture and identity, end of life issues,

cognitive impairment and disabilities, professional development, etc. and how these topics intersect with aging and working with older adults in inpatient/outpatient settings.

Several optional didactics through SFVAHCS and UCSF are offered through the departments of Neuropsychology, Geropsychiatry, Palliative Care and Geriatric Medicine depending on trainee goals and interests. There are also opportunities to present to a range of professional disciplines at the SFVAHCS, UCSF and local/national conferences if so desired.

Lastly, residents will be invited to participate in a series of pre-licensure seminars through the Palo Alto VA that meet the California Board of Psychology educational requirements for licensure.



Fort Miley offers a peaceful environment with beautiful views of the San Francisco Bay, Golden Gate Bridge, and Ocean Beach on all sides of campus, as well as several miles of hiking trails.

Core Rotations

Community Living Center (CLC)

The CLC is an approximately 100-bed facility for veterans admitted for short-stay rehabilitation, shortstay skilled nursing or dementia care, respite, long-term care, or hospice. Veterans present with a wide range of psychological and neuropsychological conditions, often interacting with the medical and functional issues that require extended care and/or rehabilitation and psychosocial challenges. Psychological diagnoses may include major depression, PTSD, substance use disorders, bipolar disorder, anxiety disorders, schizophrenia, schizoaffective disorder, personality disorders, problems with interpersonal functioning, bereavement, end-of-life issues, and adjustment disorders. Neuropsychological conditions can include dementia, mild neurocognitive disorder, head injuries, stroke, Parkinson's disease, and multiple sclerosis, among others. Referral questions include but are not limited to psychodiagnostic, cognitive, capacity, and risk assessment; behavioral assessment and management; individual and group therapy; and motivational approaches including enhancement of treatment compliance. Residents will have the opportunity to work closely within

an integrated interdisciplinary team, and their primary focus can be adapted flexibly based on their training goals. For example, they may attend weekly interdisciplinary distressed behavior rounds based on the STAR-VA model and provide support and training to nursing staff to focus on behavioral management. Alternatively, they may choose to focus more on the Social Focus Cohort (SFC), a 15-bed unit for veterans with psychiatric diagnoses and/or personality disorders exacerbated by being in the CLC. The primary goal is to improve veterans' overall quality of life through various groups, individual therapy, and community integration activities with providers with specialty expertise in mental health. Opportunities may also be available to provide supervision to externs or interns. Residents regularly interact with providers from various disciplines via interprofessional rounds and informal consultation, including geriatricians, social workers, recreational therapists, physical and occupational therapists, dietitians, pharmacists, psychiatrists, and nursing at all levels. In addition, each resident is an active part of weekly interdisciplinary team rounds and meetings. Resident will spend up to half-time in the CLC over the course of the year.

Supervising Geropsychologist: Nicole Torrence, Ph.D.



Residents (and staff/trainees!) at the SFVA CLC can enjoy leisure activities such as gardening and socializing from community porches overlooking stunning ocean views.

Behavioral Education and Support Team (BEST)

The Behavioral Education and Support Team (BEST) is an interdisciplinary, inpatient consult service that evaluates and provides support and recommendations for patients exhibiting behavioral dyscontrol that is impeding care in the acute medical setting (including ICU). These distressed behaviors may be related to medical, psychiatric, and/or cognitive symptom constellations (or, more often, a combination of these). The team is comprised of a psychologist, two psychiatric RNs, an OT, and a psychiatrist and a parttime Social Worker. Examples of typical consult questions include: patients with cognitive impairment (dementia vs. delirium) who may benefit from behavioral recommendations and environmental (including staff) modifications to reduce the frequency of distressed dementia-related behaviors (i.e., hitting staff, attempting to leave), patients who may be cognitively intact but due to psychiatric and/or personality disorders may benefit from behavioral contracts to ensure appropriate interactions with staff; providing support and

education/coaching to unit staff to ensure everyone is able to interact with patients safely and effectively while attempting to reduce staff burnout; and patients who are generally appropriate with staff and in good behavioral control, but would benefit from ongoing support and evaluation for distracting, pleasant activities to cope with hospitalization and engage with providers and recommended interventions (these are often patients with adjustment disorders, grief related to health status changes including amputation, depression/mood/anxiety symptoms, PTSD exacerbated by hospitalization, and passive SI). The psychologist on the team takes observations of behavioral challenges, interviews patients (and stakeholders, including unit staff) and obtains additional information about behavioral control/dyscontrol as appropriate, engages patients in brief, supportive psychotherapy, uses psychometric measures to evaluate degree of organically-based dyscontrol and stimulus boundedness, and develops contingency management-based behavioral plans (in collaboration with other team members and other teams). Experiences on this team could also include visits to facilities in the community where we are supporting patient discharge (i.e., evaluating and assisting before, during, and after discharge from the inpatient setting). Residents will spend up to half-time over the course of the year on the BEST team.

Supervising Geropsychologist: Kathryn Phillipps, Psy.D.

Functional Neurological Disorders (FND) Outpatient Clinic

The Functional Neurological Disorders Outpatient clinic is an evaluation and treatment clinic providing mental health services to younger and older adult Veterans with complex co-occurring neurological and neuropsychiatric conditions. Currently, most Veterans served by this clinic experience non-epileptic seizures (also known as FND, conversion disorder, or psychogenic non-epileptic seizures/PNES), and a smaller portion of Veterans may be experiencing other types of functional neurological disorders (e.g., functional movement disorder, cognitive disorder, or other neurological presentations). Residents will have the opportunity to learn to conduct neuropsychiatric evaluations with this specialized population and to deliver neurobehavioral therapy (NBT) - a manualized time-limited, whole-person, multi-modal psychotherapy developed and validated in Veteran and civilian populations. Residents will also be invited to participate in a bi-monthly multidisciplinary national "community of practice" peer consultation group. There may be opportunities for involvement in quality improvement/evaluation or research activities. The FND clinic is fully virtual and is open on Fridays; however, some training activities might also occur on site (e.g., meeting with patients undergoing video EEG monitoring at the SFVA). Residents will deliver NBT to two Veterans diagnosed with video-EEG established FND/PNES in sequence.

Supervising Geropsychologist: Anna Blanken, Ph.D.

Palliative Care / Hospice

The Hospice and Palliative Care rotation, in the division of Geriatrics, Palliative and Extended Care division, provides residents with the opportunity to work with veterans and families who are experiencing life-limiting and terminal illnesses. Residents on this rotation will spend several hours a week with the acute care palliative consultation team, inpatient hospice unit and outpatient palliative clinic. The hospice unit is a 10-bed inpatient setting within the Community Living Center. The resident will develop skills needed to assist veterans and families with end-of-life care, such as individual psychotherapy (i.e., meaning centered), brief cognitive screeners, mood evaluations, bereavement counseling and staff support. Residents will become trained in goals of care discussions, symptom management and end-of-life. Residents will work with a multidisciplinary

team that includes physicians, nurse practitioners, social workers, chaplains and pharmacists. Residents will spend 2 half days on this rotation (8 hours per week/full year).

Supervising Geropsychologist: Nicole Torrence, Ph.D.



Veterans maintain a community vegetable and flower garden located outside of the SFVA CLC.

Other Optional Rotations/Experiences

The resident may participate in the following optional rotations and experiences depending on their training goals and needs as well as supervisor availability.

Research/Program Development

Residents are encouraged to participate in research or scholarly project (e.g., program development/quality improvement) during the year. Residents will work core faculty to identify mentors and faculty at SFVAHCS or UCSF with similar interests.

Access Clinic – General Mental Health

This half day clinic provides the residents with an opportunity to conduct clinical intakes with an intradisciplinary mental health team of psychologists, social workers and psychiatrists. Patients are screened and initial intakes are completed with young and older adults requesting psychiatric services.

Supervising Geropsychologist: Kathryn Phillipps, Psy.D.

Outpatient Geropsychology Psychoeducation Aging Classes

Brain Booster Class

This is a monthly class intended to educate, enhance one's brain health, and encourage older veterans to get tested at the Memory and Cognitive Assessment Outpatient Clinic at the Santa Rosa CBOC. Topics include normal age-related changes, abnormal changes to the brain (e.g., mild cognitive impairment, dementia), ways to boost brain health, and the benefits of getting tested early. This is a 90 min class that will occur on a Thursday.

Healthy Aging Class

This is a monthly class intended to be an educational and supportive space for older veterans to learn about a variety of aging topics presented by psychology and across disciplines. Topics may include and are not limited to ageism, planning for retirement, health and well-being, mental health, coping tools, connections and socialization, sexuality, and sexual health. Attendees will have an opportunity to ask general questions to the speaker. This is a 60 min class that will occur on a Thursday.

Supervising Geropsychologist: Jenny Yen, Psy.D.

Neuropsychology

The neuropsychology rotation provides exposure to conducting neuropsychological assessments. The Geropsychology resident, training under supervision of staff neuropsychologists, gains further knowledge and skill related to clinical interviewing, neuropsychological assessments, scoring, test interpretation, and preparing written reports, interdisciplinary consultation, and providing feedback with the patient and family. It is expected that the majority of the veterans evaluated in this rotation will be presenting with differential diagnostic considerations that are more common in late life. These include mild or major neurocognitive disorder related to cerebrovascular disease, Alzheimer's disease and Lewy Body Dementia, among other conditions.

Supervising Neuropsychologist: Brian Yochim, Ph.D. & Johannes Rothlind, Ph.D.

Geropsychology Faculty:

Anna Blanken, PhD, Staff Geropsychologist

Kathryn Phillipps, Psy.D., Staff Geropsychologist

Nicole Torrence, Ph.D., Staff Geropsychologist

Jenny Yen, Psy.D., Staff Geropsychologist

Additional Faculty:

Brian Yochim, Ph.D., ABPP, Neuropsychologist

Johannes Rothlind, Ph.D., Neuropsychologist

Application Procedures

- Applications are due on a rolling bases and notification of acceptance to the program are provided on a rolling basis.

Please DO NOT MAIL any materials in hard copy form. The application includes:

1. **Cover Letter**
2. Current **Curriculum Vitae**
3. Official graduate school **transcripts**
4. **Three (3) letters of Recommendation (optional letters beyond the required 3 are acceptable at your discretion).**

Please note the requirement below for one (1) of the letters:

a) One of your letters should include a letter of support from your graduate program's Director of Clinical Training indicating what your planned internship and dissertation completion dates are, that your internship and dissertation progress are as expected and that you are reasonably able to finish by the planned completion dates.

IMPORTANT NOTE: You cannot begin our program unless you have completed all requirements met by program's start date, expected to be approximately August 28, 2023 (exact start date to be confirmed). This is a fixed policy and program requirement. In rare instances we may be able to accommodate a very short delay in your start date due to unforeseen circumstances and with approval.

b) Optional: You may include a letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship is already completed, you can mail a copy of your predoctoral internship certificate.

c) Optional: You may include a letter of support from your Dissertation Chairperson describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral residency begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the residency year.

***You may submit the two optional letters above in lieu of the single letter from your Director of Clinical Training from your graduate program as well.**

5. One (1) work sample. Clinical or academic work samples are acceptable (e.g., a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

Contact Information

Questions regarding your application or other administrative matters should be directed to the Director of Training, Dr. Samuel Wan at Samuel.Wan@va.gov